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CONFIRMATION NO. 4530

<b>SERIAL NUMBER</b> 08/347,748	<b>FILING OR 371(c) DATE</b> 12/01/1994 <b>RULE</b>	<b>CLASS</b> 424	<b>GROUP ART UNIT</b> 1646	<b>ATTORNEY DOCKET NO.</b> 94-9C2
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**APPLICANTS**  
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**\*\* CONTINUING DATA \*\*\*\*\***  
 This application is a CIP of 08/335,566 11/07/1994 ABN which is a CIP of 08/288,417 08/09/1994 ABN  
 which is a CIP of 08/252,491 06/01/1994  
 which is a CIP of 08/215,203 03/21/1994 ABN  
 which is a CIP of 08/203,197 02/25/1994 ABN  
 which is a CIP of 08/196,025 02/14/1994 ABN  
*OK PM 9/6/06*

**\*\* FOREIGN APPLICATIONS \*\*\*\*\***  
*none PM 9/6/06*

**IF REQUIRED, FOREIGN FILING LICENSE GRANTED**  
**\*\* 06/12/1995**

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	<b>STATE OR COUNTRY</b> WA	<b>SHEETS DRAWING</b> 2	<b>TOTAL CLAIMS</b> 30	<b>INDEPENDENT CLAIMS</b> 7
35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after met				
Verified and Acknowledged <i>PM 9/6/06</i> Allowance Examiner's Signature _____ Initials _____				

**ADDRESS**  
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**TITLE**  
 METHODS FOR STIMULATING ERYTHROPOIESIS USING HEMATOPOIETIC PROTEINS

<b>FILING FEE RECEIVED</b> 1464	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees
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